Department of Health

Explanatory Document to accompany draft Legislative Reform Order 2014

Amending the National Health Service Act 2006

March 2014

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Explanatory Document to accompany draft Legislative Reform Order 2014

Amending the National Health Service Act 2006

Prepared by the Department of Health

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Chapter 1: Introduction

THE LEGISLATIVE REFORM (CLINICAL COMMISSIONING GROUPS) ORDER 2014

1.1 This explanatory document is laid before Parliament in accordance with section 14 of the Legislative and Regulatory Reform Act 2006 (“the 2006 Act”) together with the draft of the Legislative Reform (Clinical Commissioning Groups) Order 2014 (“the draft Order”) which we propose to make under section 1 of that Act. The purpose of the draft Order is to amend the National Health Service Act 2006 (“the NHS Act”).

Chapter 2: Background to the Order

2.1 The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, established the NHS Commissioning Board (known by its operating name, NHS England) and Clinical Commissioning Groups ("CCGs").The legislation also set out how health services would be commissioned in the new system.

2.2 NHS England is responsible for commissioning primary care in England (for e.g. GP services), certain specialised services, including health care for members of the armed forces and their families, and for supporting CCGs in the discharge of their commissioning duties. CCGs are now responsible for commissioning healthcare services for their local populations in England, and in practice they commission those health services not commissioned by NHS England. Broadly speaking this is termed 'secondary care'.

The current legislation

Proposal A

2.3 Section 14Z3 of the NHS Act allows two or more CCGs to exercise their commissioning functions jointly. However, there is no express provision within the Act to enable CCGs to form joint committees when doing so. This means that CCGs are unable to create a joint decision-making body, such as their predecessors, Primary Care Trusts, were able to do under section 19 of the NHS Act[1]. This is in contrast to other provisions in the NHS Act which allow CCGs to form joint committees with other bodies when exercising functions jointly with them (see paragraphs 2.9 and 2.10)**.**

2.4 The Department of Health and NHS England have been made aware of the practical challenges that CCGs are experiencing in being unable to form joint committees to make decisions in relation to issues that cut across boundaries such as continuing healthcare and service provision and design, or reconfiguration of local NHS services. Joint commissioning is likely to play a more and more prominent role in the delivery of health services.

2.5 As an interim measure CCGs are forming "committees in common" in order to exercise their functions jointly. This is in reliance on their power in Schedule 1A, paragraph 3(3) of the NHS Act, to delegate the exercise of their functions to their members or employees. That member or employee then attends a 'committee in common' with members or employees of other CCGs. The size of these committees varies, but before any decision can be agreed the representatives of each CCG must seek the ratification of their CCG or its governing body on any of the matters discussed at these meetings. The arrangement is cumbersome and a hindrance to effective joint commissioning by CCGs.

2.6 The absence of legislation has meant that CCGs have had to undertake significant work with lawyers to ensure that agreements drawn up to establish "committees in common" meet due legal process.

[1] Primary Care Trusts have now been abolished and section 19 repealed.

2.7 This approach is not only an administrative inconvenience, but an obstacle to efficiency, productivity and value for money, and hence a burden for the purposes of the 2006 Act. The Department wishes to remove this burden by amending section 14Z3 of the NHS Act to provide that, where any two or more CCGs are exercising their functions jointly, they may do so by way of a joint committee.

Proposal B

2.8 There is also an identified need for CCGs and NHS England to be able to jointly exercise a CCG commissioning function and to form a joint committee when doing so. At present NHS England can arrange for any of its own functions to be exercised by or jointly with a CCG (amongst other bodies) and can form a joint committee with a CCG where functions are to be exercised jointly (see section 13Z of the NHS Act). It can also exercise any of a CCG's functions under section 3 or 3A of the NHS Act, where the CCG requests it (see section 14Z9 of the NHS Act). However, there is no provision for CCGs and NHS England to jointly exercise a CCG function or to create a joint committee when doing so.

2.9 Under the current legislation, there are express provisions for the formation of joint committees. For example, section 13Z allows NHS England to exercise its functions jointly with a range of bodies (including CCGs) and to form a joint committee with that other body for that purpose.

2.10 Under section 14Z4 CCGs may also exercise their functions jointly with a Local Health Board (in Wales) and specific provision is made for them to form a joint committee for this purpose. However, the proposed amendments do not apply to the health services in Wales or affect the exercise of any functions of the Welsh Assembly.

2.11 A practical example for enabling CCGs to carry out a CCGs function jointly with NHS England is where there is need to redesign a service that cuts across both NHS England and CCG commissioned services. Joint commissioning by NHS England and CCGs is likely to become more and more prominent as health services are reconfigured in the most effective ways, and the lack of an ability for NHS England and CCGs to jointly exercise CCG functions, and to do so by way of joint committee, presents an administrative inconvenience and is a barrier to efficiency, productivity and value for money. The Department wishes to remove this burden by amending section 14Z9 of the NHS Act to allow NHS England and CCGs to jointly exercise CCG functions, and to do so by joint committee if they choose. This would also complement the existing power in section 13Z for them to jointly exercise an NHS England function.

Chapter 3: The draft Order

Power to remove burden under section 1 of the 2006 Act

3.1 Under section 1 of the LRRA a Minister can make a Legislative Reform Order (LRO) for the purpose of removing or reducing any burden to which any person is subject as a result of legislation.

3.2 The purpose of the Order is to remove burdens to which NHS England and CCGs are subject as a result of the NHS Act.

Compliance with conditions in section 3 of the 2006 Act

Non-legislative solutions

3.3 The Government is committed to removing the administrative burdens, placed on CCGs and NHS England by the current legislation. As an interim measure some CCGs have formed “committees in common”, as described in paragraphs 2.5 and 2.6, but this arrangement is cumbersome and not conducive to the effective joint commissioning of health services. The Minister is therefore satisfied that there is no non-legislative solution available to satisfactorily achieve the policy objective.

Proportionality

3.4 The Minister considers the proposals to be proportionate to the problems they are addressing.

Fair balance

3.5 It is not expected that any individual will be adversely affected by the proposed changes as they are calculated to facilitate more effective joint commissioning. The Minister therefore considers that the Order meets the requirements to strike a fair balance between the public interest and the interests of any person adversely affected by it.

Necessary protection

3.6 The Minister considers that the proposals maintain the necessary protections. CCGs enjoy a degree of autonomy in the manner in which they exercise their functions under the NHS Act. To this end, NHS England is under a duty in section 13F to promote the autonomy of persons exercising functions in relation to the health service. The wording of the proposed amendment to section 14Z9 is designed to ensure that a CCG function can only be jointly exercised with NHS England where both parties are in agreement, thus preserving a CCG’s autonomy.

Rights and Freedoms

3.7 The Minister does not believe that the proposals will remove any existing right or freedom

Constitutional significance

3.8 The Minister does not believe that the proposals are constitutionally significant.

Other Ministerial duties under the 2006 Act

Consultation

3.9 A targeted consultation was conducted by the Department of Health on the proposals from 14 November 2013 to 7 January 2014. Details of the consultation and a summary of the responses are available in Chapter 4 and a list of consultees and respondents to the consultation are at **Annex A** and **Annex B** respectively.

Parliamentary procedure

3.10 The Minister recommends that the Order should be subject to the Affirmative Resolution procedure in accordance with section 17 of the 2006 Act. Although the amendments are more than merely technical, they remain fairly straightforward and the consultation did not raise any major concerns about the proposals.

Compatibility with the European Convention on Human Rights

3.11 The Minister does not believe that the amendments proposed by the draft Order would interfere with any rights or freedoms protected by the European Convention on Human Rights.

Compatibility with the legal obligations arising from membership of the European Union

3.12 The Minister is satisfied that the proposals are compatible with the legal obligations arising from membership of the European Union.

Territorial extent

3.13 The draft Order extends to England and Wales, but its actual application is limited to England only. This is because NHS England and CCGs exercise functions in relation to the health service in England only. The Order does not affect the functions of Welsh Ministers. Officials of the Welsh Assembly have been kept informed of the Order and were invited to respond to the consultation. Officials responded to the consultation advising that a Statutory Instrument Consent Memorandum is not required.

3.14 The Government is satisfied that the draft Order has no implications for the devolved administrations in Scotland and Northern Ireland.

Binding the Crown

3.15 The Minister is satisfied that the proposed amendments will not bind the Crown.

Chapter 4: Consultation

Details of the consultation

4.1 A targeted consultation was conducted by the Department between 14 November 2013 and 7 January 2014.[2] Following discussions with the Better Regulation Unit at the Department for Business and Innovations and Skills, it was agreed that as the proposed LRO is seeking to remove an administrative burden, it would be appropriate to undertake a focused consultation rather than a full public consultation.

4.2 On this basis, the consultation documents were sent by email to all 211 CCGs in England, and the following stakeholders: NHS England, the Local Government Association (LGA), and NHS Clinical Commissioners, the representative membership body for CCGs. In advance of the launch of the consultation, we contacted NHS England, NHS Clinical Commissioners, and the LGA to draw their attention to the forthcoming consultation. Details of the lists of consultees and respondents are available at Annexes **A and B respectively**. Of the respondents three requested the non-disclosure of their responses.

4.3 In addition, the consultation was highlighted in NHS England's monthly electronic bulletin to Clinical Commissioning Groups (CCGs)[3]

4.4 The consultation sought views on whether a Legislative Reform Order is the appropriate mechanism for making changes to enable (a) two or more CCGs to form a joint committee whilst jointly exercising functions and (b) to enable CCGs and NHS England to jointly exercise CCGs functions and to form a joint committee when doing so.

Summary of the responses received and the Government response

4.5 There were 33 responses to the consultation. The overall responses to the consultation were positive with the majority being supportive of the proposals. The responses highlighted that there was a need for express provision in legislation to establish binding joint decision making bodies for CCGs and for the joint exercise of CCG functions with NHS England.

4.6 There was some opposition to proposal (b) to enable CCGs and NHS England to form joint committees, with concerns expressed that this option may lead to service reconfiguration being implemented through the back door, and challenges being made to the autonomy of CCGs' decision making. This is dealt with at paragraph 3.6: any arrangements for CCGs to exercise functions jointly, either with NHS England or other CCGs, will be voluntary.

[2] A copy of the consultation document is available at http://www.england.nhs.uk/2013/11/28/bulletin-for-ccgs-issue-47-28-november-2013/#lro

[3] Ibid

Q1: Do you think that the proposals will remove or reduce burdens as explained above in paragraphs 1.6-1.10 (proposal a) and as explained in paragraphs 1.11 -1.13 (proposal b))?

4.7 Overall, the majority of the respondents (21 out of 33 respondents) thought that the proposals will reduce or remove or reduce the burdens. Two respondents answered that they had reservations about the proposals. Of these respondents, one thought individual CCGs may have to implement policies that their GP members do not consider to be in the interest of their local population. One respondent thought that for proposal (a) burdens would be either reduced or removed but did not think this would be the case for proposal (b) as there is unlikely to be a reduction in meetings.

4.8 **Government response:** The Government is committed to removing the burdens placed on CCGs and NHS England by the current legislation, and is satisfied that the majority of respondents are supportive of these proposals.

Q2: Do you have views regarding the expected benefits of the proposals as explained above and addressed in the partial Impact Assessment (IA) attached at Annex B

4.9 Twenty-three of the 33 respondents answered this question, with 21 providing positive views regarding the expected benefits. Comments were broadly similar suggesting that:

- The proposals will provide clear governance structures;
- Administrative burdens on CCGs and NHS England will be reduced or removed
- Will enable cross-geographical boundary working (i.e. across CCG areas)
- Allow for greater efficiencies
- Remove the barriers to commissioning organisation and therefore encouraging collaborative working.

4.10 Some respondents also expressed reservations, one respondent whilst supporting the proposals thought it important to highlight that critical to these working arrangements is choice, and that it is for CCGs and their governing bodies to determine whether they wish to form a joint committee with either other CCGs or NHS England. Two respondents stated they had no specific views.

4.11 A number of respondents commented on the partial IA, including:

- It had overstated the costs
- It did not include the costs of lay members attending these committees
- It did not consider the costs of amending the constitution of each individual CCG that wishes to form joint committees with either other CCGs and/or NHS England.
- There was not an estimate of the associated costs of CCGs and NHS England exercising a CCGs functions.

4.12 **Government response:** The Government has taken on board comments raised during the consultation stage and these have now been reflected in the final version of the IA, which is attached at Annex C. With regard to the question of choice, this has already been addressed in paragraphs 3.6 and 4.7 as it overlaps with CCG autonomy. References are made to amending CCGs' constitutions. By paragraph 1 of Schedule 1A to the NHS Act, a CCG must have a constitution which specifies, amongst other matters, the arrangements it has made for the discharge of its functions.

Q3: Are you aware of any empirical evidence that supports the need for:

- **two or more CCGs being able to form a joint committee to exercise their functions jointly;**
- **one or more CCGs being able to form a joint committee with NHS England to jointly carry out a CCGs functions**

4.13 In response to this question, 11 respondents described examples of what was happening locally. Considering that this is still a relatively new system, it is unsurprising that 10 respondents commented that they were unaware of any empirical evidence, and a further 8 respondents did not answer the question. While 3 respondents thought that there was evidence available for proposal (a) but not for proposal (b).One respondent made a general observation which was outside of the scope of the question.

4.14 **Government response:** The Government is satisfied that the evidence provided in response to this question is supportive of the proposals. For example, evidence supplied provided helpful insights into the practicalities of setting up "committees in common", particularly the additional legal support that was required to ensure any agreements for such committees are legally binding.

Q4: Are there any non-legislative means that would satisfactorily remedy the difficulty which the proposals are intended to address?

4.15 Twenty-four out of the 33 respondents answered this question, with 21 agreeing that they were unaware of how these changes could be made by non-legislative means. Two respondents felt that the difficulties could be remedied by non-legislative reforms. One respondent suggested establishing Strategic Planning Groups as cited in NHS England's recently published planning guidance.[4] The guidance explains that CCGs may choose to join with neighbouring CCGs to form a larger "unit of planning" to aggregate local plans.. One respondent thought that for proposal (a) there were suitable non-legislative arrangements and for proposal and gave an example of type of "committee in common" that had been set up locally (b) was not aware of the evidence.

4.16 **Government response:** The Government believes that the weight of the consultation responses support our view that there no non-legislative means to remedy the lack of express provision for formation of joint committees as described in proposal (a) and the lack of ability for NHS England and CCGs to jointly exercise CCG functions, as described in proposal (b). The responses also support concerns relating to the interim fix of establishing "committees in common". Whilst these committees do allow for CCGs to come together they do not enable effective decision making. It should be noted that "units of planning" will not allow for legally binding joint decisions to be made.

[4] The principles for establishing a "unit of planning" are set out in Everyone Counts Planning for Patients 2014-15 to 2018-19 and is available at http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa

Q5: Are the proposals put forward in the consultation document proportionate to the policy objective?

4.17 Twenty-four of the respondents answered this question, with 20 respondents agreeing with the assessment that the proposals put forward are proportionate to the policy objective. Two respondents thought that the proposals were not proportionate as there were other mechanisms available to CCGs to meet the policy objectives. One of these respondents described the current arrangement of establishing "committees in common" as being one of the mechanisms available. One respondent only commented on the impact assessment suggesting that the costs may have been overstated. Another thought that proposal (a) was proportionate and proposal (b) was disproportionate to the policy objective. However, the comment was not expanded upon.

4.18 **Government response:** We believe that that these amendments are proportionate policy objectives. The amendments are designed to improve efficiency and reduce the burdens placed on CCGs and NHS England. In light of the evidence submitted as part of the consultation revisions were made to the cost assessments in the Impact Assessment. In our view "committees in common" are a cumbersome arrangement and do not provide a suitable alternative to joint committees.

Q6: Do the proposals taken as a whole strike a fair balance between the public interest and any person adversely affected by them?

4.19 The majority of the respondents (21 out of 33) thought that the proposals did strike a fair balance between public interest and any person adversely affected by them. Few chose to expand upon their answer. Three respondents disagreed and thought that proposals did not strike a fair balance. Of these responses, one respondent disagreed because CCGs may make decisions that are not in the interest of their local populations if they form joint committees with either CCGs or NHS England. Another respondent thought proposal (a) did strike a fair balance whereas proposal (b) would delegate duties from a membership organisation(s) to a corporate body (NHS England) which might appear to dilute the essence of GP led commissioning.

4.20 **Government response:** On the whole the respondents to this question, were satisfied that this pre-condition had been met. In response to the concerns about the impact on GP led commissioning, it is unclear how proposal (b) would impact on this area as the proposal does not relate to NHS England commissioning functions. As explained in paragraph 3.6, the proposals are designed to facilitate more effective joint commissioning, which should be of the benefit of local populations, and it is not anticipated that any person would be adversely affected by these proposals. For this reason, the Government is satisfied that this pre-condition has been met.

Q7: Do the proposals remove any necessary protections?

4.21 Twenty-three of the 33 respondents answered this question, with 20 agreeing that the proposals would not remove any necessary protections. Again, few chose to expand upon their answer. Three respondents were of the view that necessary protections would be removed, one respondent suggested that there would be a loss of transparency in decision-making because not all meetings would be held in public, and another suggesting that the proposals could "open the door" to the merging of CCGs.

4.22 **Government response:** The majority of the responses were content that no necessary protections would be removed. On this basis, the Government is satisfied that this pre-condition has been met. The fact that CCGs might form joint committees when jointly exercising their functions (a power which Primary Care Trusts enjoyed) does not lead to the likelihood that CCGs will merge as a result.

Q8: Do these proposals prevent any person from continuing to exercise any right or freedom which he/she might reasonably expect to continue to exercise? If so, please provide details?

4.23 Twenty-three of the 33 respondents answered this question, with 21 respondents agreeing that the proposals would not prevent any person from exercising any right or freedom which they might reasonably expect to continue to exercise. Two respondents thought that these proposals would remove rights. One suggested that the proposals might have the potential to restrict a GP's ability to commission health services for their populations. The other suggested that the representation of the local needs of the population would need to be balanced with the removal of individual CCG ratification.

4.24 **Government response:** The responses to this question recognised that the proposals would be beneficial and help improve governance arrangements, and would therefore not impact on an individual's rights or freedoms. In response to the concerns about the potential restriction of a GP's ability commission service, the proposals do not involve GP commissioning of health services. GPs provide health services rather than commission them. The Government is therefore satisfied that this pre-condition has been met.

Q9: Do you consider the provisions constitutionally significant?

4.25 Fourteen out of the 33 respondents answered positively agreeing that provisions were not constitutionally significant. However, 5 respondents disagreed and thought the provisions were constitutionally significant. One respondent commented that proposal (a) was not constitutionally significant, and proposal (b) was constitutionally significant because of the risk of "circular responsibility/accountability". The respondent suggested that this would be caused by the "delegation to a committee, comprising of representatives of CCGs and NHS England, of duties originally delegated from NHS England to the same CCG(s)". Two respondents responded positively, but with the proviso that certain conditions were met. One respondent was unsure whether or not the changes were constitutionally significant.

4.26 **Government response:** A few respondents thought that the amendments are constitutionally significant, suggesting that there may be some confusion in relation to the term "constitution" in this context. For example, the proposed amendments might require individual CCGs to amend their constitutions (as explained in paragraph 4.14), should they wish to form a joint committee under proposals (a) or (b). It is difficult to respond to the comment made about the risk of "circular accountability/responsibility" as it is unclear what is meant by the respondent. Also the proposals involve the joint exercise of CCG functions, not the delegation of an NHS England function to a CCG. Despite these objections, the Government continues to believe that this pre-condition has been met and the changes are not constitutionally significant in the broader meaning of the word.

Q10.Do you agree that the proposed resolution procedure as outlined in the paragraph above should apply to these proposals?

4.27 The majority of the (20 of the 33) respondents supported the Government's recommendation that the affirmative resolution procedure should be used. Only one respondent disagreed with the recommend procedure and thought that the super-affirmative procedure should be applied to allow for "the possibility of redrafting". While two respondents recommended that for proposal (a) the affirmative proposal should be used, but for proposal (b) disagreed with this recommendation.

4.28 **Government response:** We remain of the view that the affirmative resolution procedure should be used, and believes this procedure will provide the necessary level of scrutiny. The nature of the proposed amendments means they do not require additional scrutiny beyond those required for the affirmative procedure.

Conclusion

4.29 In light of the consultation responses received, the Minister considers that the proposals should be implemented as set out in the draft Order, which should be laid before Parliament under the affirmative procedure.

ANNEX A - List of consultees

Part 1 - Clinical Commissioning Groups (CCGs) - list of chief accountable officers

Dr. Phil Pue	Airedale, Wharfedale and Craven CCG
Simon Perks	Ashford CCG
Louise Patten	Aylesbury Vale CCG
Conor Burke	Barking and Dagenham CCG
John Morton	Barnet CCG
Mark Wilkinson	Barnsley CCG
Tonia Parsons (Interim)	Basildon and Brentwood CCG
Phil Mettam	Bassetlaw CCG
Dr Simon Douglass	Bath and North East Somerset CCG
Dr Paul Hassan	Bedfordshire CCG
Sarah Blow	Bexley CCG
Barbara King	Birmingham CrossCity CCG
Dr Diane Reeves	Birmingham South and Central CCG
Dr Chris Clayton	Blackburn with Darwen CCG
Dr Amanda Doyle	Blackpool CCG
Susan Long	Bolton CCG
Alan Webb	Bracknell & Ascot CCG
Helen Hirst	Bradford City CCG
Helen Hirst	Bradford Districts CCG
Rob Larkman	Brent CCG
Dr Christa Beesley	Brighton and Hove CCG
Jill Shepherd	Bristol CCG
Dr Angela Bhan	Bromley CCG

Stuart North	Bury CCG
Dr Matt Walsh	Calderdale CCG
Neil Modha	Cambridgeshire and Peterborough CCG
David Cryer	Camden CCG
Andrew Donald	Cannock Chase CCG
Simon Perks	Canterbury and Coastal CCG
Dr Sunil Gupta	Castle Point and Rochford CCG
Daniel Elkeles	Central London (Westminster) CCG
Ian Williamson	Central Manchester CCG
Dr Annet Gamell	Chiltern CCG
Jan Ledward	Chorley and South Ribble CCG
Paul Haigh	City & Hackney CCG
Dr Katie Armstrong	Coastal West Sussex CCG
Nicki Price	Corby CCG
Dr Steve Allen	Coventry and Rugby CCG
Dr Amit Bhargava	Crawley CCG
Paula Swann	Croydon CCG
Nigel Maguire	Cumbria CCG
Martin Phillips	Darlington CCG
Dr David Woodhead	Dartford Gravesham and Swanley CCG
Chris Stainforth	Doncaster CCG
Tim Goodson	Dorset CCG
Paul Maubach	Dudley CCG
Dr Stewart Findlay	Durham Dales, Easington and Sedgefield CCG
Rob Larkman	Ealing CCG
Lesley Watts	East and North Hertfordshire CCG

Dr Michael Ions	East Lancashire CCG
Dr David Briggs	East Leicestershire and Rutland CCG
Jane Hawkard	East Riding of Yorkshire CCG
Tony Bruce	East Staffordshire CCG
Mark Bounds	East Surrey CCG
Amanda Philpott (Interim)	Eastbourne, Hailsham and Seaford CCG
Jerry Hawker	Eastern Cheshire CCG
Elizabeth Wise	Enfield CCG
Rakesh Marwaha	Erewash CCG
Richard Samuel	Fareham & Gosport CCG
Dr Tony Naughton	Fylde and Wyre CCG
Mark Adams	Gateshead CCG
Mary Hutton	Gloucestershire CCG
Andrew Evans	Great Yarmouth & Waveney CCG
Carol McKenna	Greater Huddersfield CCG
Jan Ledward	Greater Preston CCG
Annabel Burn	Greenwich CCG
Phil Orwin (interim)	Guildford and Waverley CCG
Simon Banks	Halton CCG
Dr Vicky Pleydell	Hambleton, Richmondshire and Whitby CCG
Daniel Elkeles	Hammersmith & Fulham CCG
Andy Gregory	Hardwick CCG
Sarah Price	Haringey CCG
Amanda Bloor	Harrogate and Rural District CCG
Rob Larkman	Harrow CCG
Alison Wilson	Hartlepool and Stockton-on-Tees CCG

Dr Gregory Wilcox	Hastings and Rother CCG
Conor Burke	Havering CCG
John Wicks	Herefordshire CCG
Nicola Bell	Herts Valleys CCG
Lesley Mort	Heywood, Middleton & Rochdale CCG
Frank Sims	High Weald Lewes Havens CCG
Rob Larkman	Hillingdon CCG
Sue Braysher	Horsham and Mid Sussex CCG
Daniel Elkeles	Hounslow CCG
Emma Latimer	Hull CCG
Julian Herbert	Ipswich and East Suffolk CCG
Helen Shields	Isle of Wight CCG
Alison Blair	Islington CCG
Joy Youart	Kernow CCG
David Smith	Kingston CCG
Dianne Johnson	Knowsley CCG
Andrew Eyres	Lambeth CCG
Andrew Bennett	Lancashire North CCG
Nigel Gray	Leeds North CCG
Dr Andy Harris	Leeds South and East CCG
Philomena Corrigan	Leeds West CCG
Simon Freeman	Leicester City CCG
Martin Wilkinson	Lewisham CCG
Gary James	Lincolnshire East CCG
Dr Sunil Hindocha	Lincolnshire West CCG
Katherine Sheerin	Liverpool CCG
Carol Hill	Luton CCG

Dr Amanda Sullivan	Mansfield and Ashfield CCG
Dr Peter Green	Medway CCG
Eleanor Brown	Merton CCG
James Roach	Mid Essex CCG
Jeannie Ablett	Milton Keynes CCG
Ben Gowland	Nene CCG
Dr Amanda Sullivan	Newark and Sherwood CCG
Dr Cathy Winfield	Newbury & District CCG
Mark Adams	Newcastle North and East CCG
Mark Adams	Newcastle West CCG
Steve Gilvin	Newham CCG
Dr Cathy Winfield	North & West Reading CCG
Jackie Pendleton	North Derbyshire CCG
Dr Neil O'Brien	North Durham CCG
Dr Shane Gordon	North East Essex CCG
Maggie Maclsaac	North East Hampshire and Farnham CCG
Dr Peter Melton	North East Lincolnshire CCG
Dr Graham Hullah	North Hampshire CCG
Chris Dowse	North Kirklees CCG
Allison Cooke	North Lincolnshire CCG
Dr Martin Whiting	North Manchester CCG
Mark Taylor	North Norfolk CCG
Dr Mary Backhouse	North Somerset CCG
Dr David Hughes	North Staffordshire CCG
Maurya Cushlow	North Tyneside CCG
Julia Ross	North West Surrey CCG
Rebecca Harriott	Northern, Eastern and Western Devon

	CCG
Alistair Blair	Northumberland CCG
Jonathon Fagge	Norwich CCG
Dawn Smith	Nottingham City CCG
Sam Walters	Nottingham North & East CCG
Dr Guy Mansford	Nottingham West CCG
Dr Ian Wilkinson	Oldham CCG
Dr Stephen Richards	Oxfordshire CCG
Dr Jim Hogan	Portsmouth CCG
Louise Mitchell	Redbridge CCG
Simon Hairsnape	Redditch & Bromsgrove CCG
Dominic Wright	Richmond CCG
Chris Edwards	Rotherham CCG
Vicky Bailey	Rushcliffe (Principia) CCG
Alan Campbell	Salford CCG
Andy Williams	Sandwell & West Birmingham CCG
Simon Cox	Scarborough and Ryedale CCG
Ian Atkinson	Sheffield CCG
Dr Caron Morton	Shropshire CCG
Alan Webb	Slough CCG
Dr Patrick Brooke	Solihull CCG
David Slack	Somerset CCG
Simon Whitehouse	South Cheshire CCG
Dr Sam Barrell	South Devon and Torbay CCG
Rita Symons	South East Staffs & Seisdon Peninsular CCG
Richard Samuel	South Eastern Hampshire CCG

Dr Simon Douglass	South Gloucestershire CCG
Hazel Carpenter	South Kent Coast CCG
Gary Thompson	South Lincolnshire CCG
Caroline Kurzeja	South Manchester CCG
Ann Donkin	South Norfolk CCG
Dr Cathy Winfield	South Reading CCG
Fiona Clark	South Sefton CCG
Amanda Hume	South Tees CCG
Dr David Hambleton	South Tyneside CCG
Gillian Entwistle	South Warwickshire CCG
Allan Kitt	South West Lincolnshire CCG
Dr Carl Ellson	South Worcestershire CCG
John Richards	Southampton City CCG
Dr Paul Husselbee	Southend CCG
Andy Layzell	Southern Derbyshire CCG
Fiona Clark	Southport and Formby CCG
Andrew Bland	Southwark CCG
Dr Stephen Cox	St Helens CCG
Andrew Donald	Stafford and Surrounds CCG
Dr Ranjit Gill	Stockport CCG
Dr Andrew Bartlam	Stoke on Trent CCG
David Gallagher	Sunderland CCG
Miles Freeman	Surrey Downs CCG
Dr Andy Brooks	Surrey Heath CCG
Dr Chris Elliott	Sutton CCG
Patricia Davies	Swale CCG
Anthony Ranzetta	Swindon CCG

Steve Allinson	Tameside and Glossop CCG
David Evans	Telford and Wrekin CCG
Hazel Carpenter	Thanet CCG
Dr Nimal Raj	Thurrock CCG
Jane Milligan	Tower Hamlets CCG
Dr Nigel Guest	Trafford CCG
Dr Mark Hayes	Vale of York CCG
Simon Whitehouse	Vale Royal CCG
Jo Webster	Wakefield CCG
Salma Ali	Walsall CCG
Heather Mullin (interim)	Waltham Forest CCG
Graham Mackenzie	Wandsworth CCG
Dr Sarah Baker	Warrington CCG
Andrea Green	Warwickshire North CCG
Alison Lee	West Cheshire CCG
Clare Morris	West Essex CCG
Heather Hauschild	West Hampshire CCG
Ian Ayres	West Kent CCG
Mike Maguire	West Lancashire CCG
Toby Sanders	West Leicestershire CCG
Daniel Elkeles	West London CCG
Sue Crossman	West Norfolk CCG
Julian Herbert	West Suffolk CCG
Trish Anderson	Wigan Borough CCG
Deborah Fielding	Wiltshire CCG
Alan Webb	Windsor, Ascot & Maidenhead CCG
Dr Abhi Mantgani	Wirral CCG

Dr Cathy Winfield	Wokingham CCG
Dr Helen Hibbs	Wolverhampton CCG
Simon Hairsnape	Wyre Forest CCG

Part 2 - LIST OF OTHER INTERESTED PARTIES

Dame Barbara Hakin	NHS England
Dr Charles Alessi	NHS Clinical Commissioners
Alyson Morley	Local Government Association
Jan Firby	WAG

ANNEX B – respondents to the consultation

Mark Taylor	North Norfolk CCG
Jane Hawkard	NHS East Riding of Yorkshire CCG
Tim Goodson	NHS Dorset CCG
Ian Ayres	NHS West Kent CCG
Tom Abell	NHS Basildon & Brentwood CCG
Sean Scullion	Department of Health, Social Services and Public Services NI
Yvonne Parish	North West Surrey CCG
Julie-Anne Wales	Bath and North Somerset CCG
Mark Proctor	South Devon and Torbay CCG
Maurya Cushlow	North Tyneside CCG
Dr Jonathan Griffiths	NHS Vale Royal CCG
Dr Andrew Wilson	NHS South Cheshire CCG
Hamish Stedman	Greater Manchester CCGs
Dr Angela Bhan	NHS Bromley CCG
Daniel Elkeles	Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs
David Lowe	Derbyshire County Council
Alex Palethorpe	North Staffordshire CCG
Emma Greenslade	NHS Northern, Eastern & Western Devon CCG
Jonathan Gardam	ADASS & LGA
Ian Atkinson	NHS Sheffield CCG
Julie Das-Thompson	NHS Clinical Commissioners

Richard Samuel	Fareham & Gosport CCG & South Eastern Hampshire CCG
Sarah Carr	Bristol CCG
Mike Taylor	NHS Durham Dales Easington and Sedgefield CCG
Rod McEwen	Barking and Dagenham, Havering and Redbridge CCGs
Nicola Bell	NHS Herts Valleys CCG
Judith Slater	NHS Calderdale CCG
Amanda Philpott	Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG
Marianne Phillips	Nene CCG
Jerry Hawker	NHS Eastern Cheshire CCG
Sally Young	Cannock Chase CCG& Staffordshire and Surrounds CCG
John Taylor	NHS England
Jan Firby	WAG